

PROVIDER: Jane Doe, DDS

TIN:00-0000000

PROVIDER #: 000000000

DATE: 04/27/02

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FIRST DATE OF SVC	LAST DATE OF SVC	NUM OF SVCS	PL OF SVCS	PROCEDURE CODE	TOOTH NUMBERS/ SERVICES	PROVIDER CHARGE	ALLOWANCE	INELIGIBLE AMOUNT	INELIG CODE	SUBSCRIBER LIABILITY AMOUNT	SUB LIAB CODE	OTHER INSURANCE AMOUNT	AMOUNT(S) PAID TO PROVIDER	AMOUNT(S) PAID TO SUBSCRIBER	MESSAGE CODE(S)	CLAIM NUMBER
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PATIENT:

CONTRACT ID:

(001)

APPL/SUB NAME:

04/12/02	04/12/02	1	0	05110-00	01-16	700.00	700.00			25.00 135.00	AI CI		540.00		J9040	00189386100
CLAIM TOTALS								.00		140.00		.00	540.00	.00		

EOB TOTALS:

TOTAL SUBSCRIBER PAYMENTS = 0.00

TOTAL PROVIDER PAYMENTS = \$548.00

PAYMENT NUMBER: 20332144

MESSAGE(S):

J9040

If you have any questions, call Dental Customer Service Unit at 1-800-332-0366.

INELIGIBLE AMOUNT CODES:SUBSCRIBER LIABILITY CODES:

A1 = Deductible

C1 = Coinsurance

You can view or print a copy of our Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notice of Privacy Practices by visiting our website at www.ucci.com and clicking on the HIPAA Privacy Notice button or by calling 1-866-215-2352 (toll free) to request a paper copy.

UNITED CONCORDIA

America's Premier Dental Insurer

Harrisburg, PA 17106

EXPLANATION OF BENEFITS

UNITED CONCORDIA

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

DENTAL CUSTOMER SERVICE
P.O. BOX 69420
HARRISBURG, PA 17106-9420

Subscriber: John Doe

ID Number: XXX XX 1234

Page: 1 of 2

Patient: John Doe

Claim Number: 01260354768

Date: 09/27/01

Provider: JANE DOE DDS INC
(0000000000)

PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES)		SERVICE DATE(S)	PROVIDER'S CHARGE	ALLOWANCE	AMOUNT PAID	AMOUNT NOT PAID	REMARKS
PERIODIC EVALUATION	(001)	09/10/01	25.00	23.00	23.00	2.00	Q1030
DO120							
PROPHYLAXIS ADULT	(001)	09/10/01	51.00	47.00	47.00	4.00	Q1030
D1110							
BITEWINGS FOUR FILMS	(001)	09/10/01	34.00	30.00	30.00	4.00	Q1030
D0274							
		TOTALS	110.00	100.00	100.00	10.00	

Q1030 These services were performed by a Participating Provider. This Provider has agreed not to bill you for the difference between the PROVIDER'S CHARGE and the ALLOWANCE for this service.

The Provider has been paid the amount shown in the AMOUNT PAID column.

UNITED CONCORDIA
America's Premier Dental Insurer

HAVE A QUESTION?
PLEASE CALL 1-800-299-1910

Business Hours: 8am-8pm E.T.
Service for the Deaf via TDD Equipment
is available at 1-800-345-3837

THIS IS NOT A BILL

UNITED CONCORDIA

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

Subscriber: John Doe

ID Number: XXX XX 1234

Page: 2 of 2

Patient: John Doe

Claim Number: 01260354768

Date: 09/27/01

Provider: JANE DOE DDS INC
(0000000000)

PATIENT SUMMARY FOR:

Patient Name: John Doe

Identification Number: XXX XX 1234

Benefit Period: 01/01/01 - 12/31/01 Coverage: Dental Group Number: 043424-000

For this benefit period, \$100.00 has been applied to your \$1,500.00 individual program dollar maximum.

THIS IS NOT A BILL